

## CLAIMS ONLY

Application Number

10/629019

Filing Date

Applicant(s)

• May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	/						Total Indep			
Total Depend	8						Total Depend			
Total Claims	9						Total Claims			